

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214516519</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>EANGUS SERVICE CORP.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>AL GARVER</b>  <b>3133 MOUNT VERNON AVE</b>  <b>ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>03891686</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3133 MOUNT VERNON AVENUE</p> <p style="text-align: center;">CITY/ST/ZIP: ALEXANDRIA, VA 22305</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROGER A HAGAN  TITLE: PAST PRESIDENT  ADDRESS: 3133 MOUNT VERNON AVE  CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROGER A HAGAN TITLE: PAST PRESIDENT ADDRESS: 3133 MOUNT VERNON AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL S SIEKAWITCH  TITLE: TREASURER  ADDRESS: 3133 MOUNT VERNON AVE  CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL S SIEKAWITCH TITLE: TREASURER ADDRESS: 3133 MOUNT VERNON AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KATHRYN L ARIZO  TITLE: SECRETARY  ADDRESS: 3133 MOUNT VERNON AVE  CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHRYN L ARIZO TITLE: SECRETARY ADDRESS: 3133 MOUNT VERNON AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL ARNOLD TITLE: DIRECTOR ADDRESS: 3133 MOUNT VERNON AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME:	KAREN CRAIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	MIREYA O CRUZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	ANDREW S EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JEFFREY J FRISBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JOHN M HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	CLAUDE P IMAGNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	FRANK YOAKUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	DON A MAPES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JOSE JD ESCOBAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JOEL MUTSCHLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	STEPHEN L BURRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL B REILLY DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RICE DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY SPADE DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW STRAUSS DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CHRIS BROWN DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ETHAN TOYAMA DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSE WAYLAND DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON A WOOD DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL STAFFORD DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN F HELBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JOHN F HELBERT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		3/28/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			